



PRABAASEE ASSOCIATION

MALLESWARAM, BANGALORE
REGD NO : 409/96-97

LIFE MEMBER ENROLLMENT FORM

Applicant's Name*	
Address* (any One)	
a) Local Address	
b) Office Address (For Correspondence)	
Phone No*	Mobile* : Residence :
Blood Group	
Email-ID	
Subscription Fee*	By Cash Rs. <input type="text"/> By Cheque Cheque No: <input type="text"/> Bank: <input type="text"/> Other Details(if any) :
Introduced by*	

PASSPORT SIZE
PHOTO

(Mandatory fields are marked with asterisk *)

I Mr/Mrs/Ms _____ do hereby solemnly promise to abide by the rules and regulations of Prabaasee Association.

(Applicant's Signature)

FOR OFFICE USE ONLY

ACKNOWLEDGEMENT & ACCEPTANCE

Registration Number:

P	A	L	M						
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(Signature of President/Secretary)

Dated:.....

OFFICE

Prabaasee Association, c/o Shri S.K.Chakraborty, Flat no. F-2, Maithree Apartment, 6th Main, 13th cross, Malleswaram, Bangalore- 560003
Website: www.prabaaseebengaluru.com || Email: infodesk@prabaaseebengaluru.com